§ 155.1400

(b) Each periodic evaluation must include a review of the annual report or reports submitted by the State in accordance with §155.1324 that relate to the period of time covered by the evaluation.

Subpart O—Quality Reporting Standards for Exchanges

SOURCE: 79 FR 30350, May 27, 2014, unless otherwise noted.

§155.1400 Quality rating system.

The Exchange must prominently display the quality rating information assigned to each QHP on its Web site, in accordance with §155.205(b)(1)(v), as calculated by HHS and in a form and manner specified by HHS.

§ 155.1405 Enrollee satisfaction survey system.

The Exchange must prominently display results from the Enrollee Satisfaction Survey for each QHP on its Web site, in accordance with §155.205(b)(1)(iv), as calculated by HHS and in a form and manner specified by HHS.

PART 156—HEALTH INSURANCE ISSUER STANDARDS UNDER THE AFFORDABLE CARE ACT, INCLUDING STANDARDS RELATED TO EXCHANGES

Subpart A—General Provisions

Sec.

- 156.10 Basis and scope.
- 156.20 Definitions.
- 156.50 Financial support.
- 156.80 Single risk pool.

Subpart B—Essential Health Benefits Package

- 156.100 State selection of benchmark.
- 156.105 Determination of EHB for multistate plans.
- 156.110 EHB-benchmark plan standards.
- 156.115 Provision of EHB.
- 156.122 Prescription drug benefits.
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- 156.130 Cost-sharing requirements.
- 156.135 AV calculation for determining level of coverage.
- 156.140 Levels of coverage.
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- 156.150 Application to stand-alone dental plans inside the Exchange.
- 156.155 Enrollment in catastrophic plans.

Subpart C—Qualified Health Plan Minimum Certification Standards

- 156.200 $\,$ QHP issuer participation standards.
- 156.210 QHP rate and benefit information.
- 156.215 Advance payments of the premium tax credit and cost-sharing reduction standards.
- 156.220 Transparency in coverage.
- 156.225 Marketing and Benefit Design of QHPs.
- 156.230 Network adequacy standards.
- 156.235 Essential community providers.
- 156.245 Treatment of direct primary care medical homes.
- 156.250 Health plan applications and notices.
- 156.255 Rating variations.
- 156.260 Enrollment periods for qualified individuals.
- 156.265 Enrollment process for qualified individuals.
- 156.270 Termination of coverage for qualified individuals.
- 156.275 Accreditation of QHP issuers.
- 156.280 Segregation of funds for abortion services.
- 156.285 Additional standards specific to SHOP.
- 156.290 Non-renewal and decertification of QHPs.
- 156.295 Prescription drug distribution and cost reporting.
- 156.298 Meaningful difference standard for Qualified Health Plans in the Federallyfacilitated Exchanges.

Subpart D—Federally-Facilitated Exchange Qualified Health Plan Issuer Standards

- 156.330 Changes of ownership of issuers of Qualified Health Plans in Federally-facilitated Exchanges.
- 156.340 Standards for downstream and delegated entities.

Subpart E—Health Insurance Issuer Responsibilities With Respect to Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions

- 156.400 Definitions.
- 156.410 Cost-sharing reductions for enrollees.
- 156.420 Plan variations.
- 156.425 Changes in eligibility for cost-sharing reductions.
- 156.430 Payment for cost-sharing reductions.
- 156.440 Plans eligible for advance payments of the premium tax credit and cost-sharing reductions.